

# APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN (Print or type only)

1

BUILDING ADDRESS <u>21109 New Hampshire</u>			
CITY <u>Torrance</u>		ZIP	
SIZE OF LOT <u>50 X 110 (APPROX)</u>		NO. OF BLDGS. LOT <u>1</u>	
TRACT <u>25150</u>	BLOCK	LOT NO. <u>22</u>	
OWNER <u>Ernest Vargo</u>		TEL. NO.	
ADDRESS <u>21109 New Hampshire</u>			
CITY <u>Torrance</u>		ZIP	
ARCHITECT OR ENGINEER <u>None</u>		TEL. NO.	
ADDRESS			
CONTRACTOR <u>Shumers Const.</u>		TEL. NO. <u>371-4107</u>	
ADDRESS <u>4217 White Ct.</u>		LIC. NO. <u>160018</u>	
CITY <u>Torrance</u>		LIC. CLASS <u>B-1</u>	
CONSTRUCTION LENDER NAME AND BRANCH <u>None</u>			
ADDRESS		CITY	
SQ. FT. SIZE <u>462'</u>	NO. OF STORIES <u>1</u>	NO. OF FAMILIES <u>1</u>	CHECK ONE
DESCRIPTION OF WORK <u>Bedroom addition to front of existing house.</u>			NEW <input type="checkbox"/>
			ADD <input checked="" type="checkbox"/>
			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
USE OF EXISTING BLDG. <u>Residence</u>			
APPLICANT (PRINT) <u>DAVID A. SHEPPARD</u>		TEL. NO. <u>371-4107</u>	
BY (SIGNATURE) <u>David A. Sheppard</u>			
VALUATION \$ <u>7500.00</u>			
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.</p>			
SIGNATURE OF PERMITTEE <u>David A. Sheppard</u>			
ADDRESS <u>4217 White Ct.</u>			
CITY <u>Torrance</u>		TEL. NO. <u>371-4107</u>	
<p>MAKE CHECKS PAYABLE TO: HARVEY T. BRANDT, COUNTY ENGINEER</p>			

## COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION

BUILDING ADDRESS <u>21109 New Hampshire</u>			
LOCALITY <u>Torrance County</u>			
NEAREST CROSS ST. <u>W. Javelin</u>			
ASSESSOR MAP BOOK <u>7348</u>		PAGE <u>14</u>	PARCEL <u>24</u>
DISTRICT <u>12</u>	GROUP <u>I</u>	TYPE CONST. <u>V</u>	FIRE ZONE <u>3</u>
PROCESSED BY <u>Hendrix</u>			
STATISTICAL CLASSIFICATION			SEWER MAP
CLASS NO. <u>21</u> DWELL. UNITS <u>0</u>			L BK <u>98</u> PG
USE ZONE <u>R-1</u>	MAP NO. <u>4209</u>		
SPECIAL CONDITIONS <u>None</u>			
ROAD DEPARTMENT APPROVAL REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>			
BLDG. SETBACK FROM FRONT PROP. LINE OF <u>New Hampshire</u> (STREET)			
HIGHWAY +	YARD =	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY
	<u>+ 20' =</u>	<u>20'</u>	<u>LOC 56'</u>
BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)			
HIGHWAY +	YARD =	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY
	<u>+ =</u>		
CORNER CUTOFF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IN OPEN SPACE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IN COASTAL ZONE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ENVIRONMENTAL IMPACT	CATEGORICAL EXEMPTION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	EXEMPTION DECLARATION SIGNED _____ (DATE)		
	IMPACT REPORT PROCESSED _____ (DATE)		
FINAL DATE <u>6-25-74</u> BY <u>Ray</u>			
P.C. FEE \$ <u>24.90</u>		PMT. FEE \$ <u>41.50</u>	

PLAN CHECK VALIDATION ☒ CK. M.O. CASH  
3 4 7 FEB 21 23 A 2 4.90 ..

PERMIT VALIDATION ☒ CK. M.O. CASH  
3 4 8 FEB 21 1 A 4 1.50 ..

76A638A CE #803 12/72

*Hendrix*

*Hendrix*

INSPECTOR COPY

[illegible]

## APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES  
DEPARTMENT OF COUNTY ENGINEER  
BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN				
OUTLETS		NO.	EACH	FEE
RECEPT. 7	TOTAL 20	FIRST 20	20	.25
LIGHT 6		OVER 20		.10
SWITCH 7	TOTAL 6	FIRST 20	6	.25
LIGHTING		OVER 20		.10
FIXTURES				
<b>RESIDENTIAL APPLIANCES</b>				
RANGE DRYER WTR. HTR.				
STA. COOK DISP. F.A.U.				
SPACE HTR. AIR COND.				
CLOTHES WASH. DISHWASH.				
FAN OTHER		2	1.00	2.00
<b>MOTORS, TRANSFORMERS IND. HEATERS, ETC. SIZE &amp; TYPE</b>		<b>RATING HP. KW. KVA. OVER TO</b>		
		0 - 1		1.00
		1 - 10		3.00
		10 - 50		5.00
		50 - 100		10.00
		100 - 500		15.00
SIGN, GAS TUBE, OR MARQUEE	SIGN AND ONE CIRCUIT			5.00
	ADDITIONAL CIRCUITS			1.00
SERVICE NOT OVER 600 VOLTS OR 200 AMP				3.00
SERVICE OVER 600 VOLTS OR 200 AMP				10.00
TEMP SERVICE, POLE, & APPURTENANCES				5.00
TEMP LIGHT OR RECEPT. SYSTEM				3.00
PERMIT FEE (SUB TOTAL)				8.50
PLAN CHECK FEE				
PERMIT ISSUING FEE		3.00		3.00
TOTAL FEE				11.50

JOB ADDRESS	21109 NEW HAMPSHIRE ST	
LOCALITY	Torr. (LA County)	
NEAREST CROSS ST.	Torrance Blvd	
OWNER OR FIRM NAME	MR. VARGO	
MAIL ADDRESS	21109 NEW HAMPSHIRE ST	
CITY	Torr.	TEL. NO. 328-1147
PLAN CHECK APPLICANT		
ADDRESS		
CITY	TEL. NO.	
PERMIT APPLICANT	JAMES CROSS	
ADDRESS	1904 RIVINGTON AVE	
CITY	REDONDO BEACH	TEL. NO. 374-3888
LICENSE OR REG. NUMBER	248415	CLASS. C-10
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.		
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.		
PERMITEE SIGNATURE	James Cross	
DISTRICT NO.	12	
PROCESSED BY	Brewley	
APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT	4/12/74	James
WIRING		
FIXTURES	6-25	Va.
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	4-74	FLY
NOTES:		

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

LAC 106574 APR 8 2 11.50 56

SEE BACK OF APPLICATION FOR COMPLETE SCHEDULE

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INSPECTOR COPY

